

SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | SH       |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | TA       | J.C.M. | 9/22/01  |
| RESPONSE FORMALITY REVIEW | TA       | 1127   | 10/15/01 |

# INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date    |
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| 1     | 1     | 1        | 6/24/03 |
| 2     | 2     | 2        | 6/24/03 |
| 3     | 3     | 3        | 6/24/03 |
| 4     | 4     | 4        | 6/24/03 |
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| 8     | 8     | 8        | 6/24/03 |
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| 10    | 10    | 10       | 6/24/03 |
| 11    | 11    | 11       | 6/24/03 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
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10-15-01